

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 10159

1. Entity Name

RAMIR ENTERPRISES CORPORATION



FILED

05 JAN -3 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1220 Nightingale Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Springs Fl.

City & State

4. FEI Number

59-2484240

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LIGIA M. RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)

1220 Nightingale Avenue

City

Miami

FL

Zip Code

33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ligia M. Ramirez

(NOTE: Registered Agent signature required when reinstating)

DATE

12/26/04

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pre
NAME	Luis A. Ramirez
STREET ADDRESS	1220 Nightingale Ave.
CITY-ST-ZIP	Miami Springs Fl. 33166
TITLE	Sec.
NAME	Ligia M. Ramirez
STREET ADDRESS	1220 Nightingale Ave.
CITY-ST-ZIP	Miami Springs Fl. 33166
TITLE	Tess
NAME	Luis M. Ramirez
STREET ADDRESS	1220 Nightingale Ave.
CITY-ST-ZIP	Miami Springs, Fl. 33166
TITLE	Vice-Pre
NAME	Christian Ramirez
STREET ADDRESS	1220 Nightingale Ave.
CITY-ST-ZIP	Miami Springs, Fl.
TITLE	Vice-Pre
NAME	Steven A. Ramirez
STREET ADDRESS	1220 Nightingale Avenue
CITY-ST-ZIP	Miami Springs Fl. 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000043794260
01/03/05--01014--009 **150.00

**DO NOT WRITE
IN THIS SPACE**

RESTATEMENT *OK*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis A. Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/04

Date

President

Daytime Phone #

CFR2034B (12/02)

December 27, 2004

Secretary of State
Division of Corporations
Annual Report Section
P.O. Box 68501
Tallahassee, FL 32314

Document # **M-10159**

Re: **Ramir Enterprises Corporation**
1220 Nightingale Avenue
Miami Springs, Florida 33166

Gentleman:

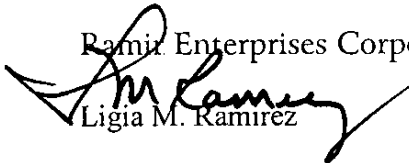
Enclosed please find copy of uniform business report for the year 2004 we never receive the form.

Enclose please find the report and a check in the amount of \$ 150.00. Please abate any penalties since we never receive the form.

Thanking you for your prompt attention in this matter.

Cordially

Ramir Enterprises Corporation



Ligia M. Ramirez

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JAN 11 2005